DEC 0 8 2000

In re Application of Gilles H. TAPOLSKY et al. Application Number O9/684,682 October 4, 2000 PHARMACEUTICAL CARRIER DEVICE SUITABLE FOR For: DELIVERY OF PHARMACEUTICAL COMPOUNDS TO MUCOSAL SURFACES Art Unit 1617 Examiner E. Webman This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above dentified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): X One month (37 CFR 1.17(a)(1)) \$ 110.00 Two months (37 CFR 1.17(a)(2)) \$ \$ Three months (37 CFR 1.17(a)(3)) \$ \$ Four months (37 CFR 1.17(a)(4)) \$ \$ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above the reduced by one-half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this eheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). The Director printed name if acting under 37 CFR 1.34(a). The Director is hereby authorized to printed name.	PETITION FOR EXTENSION	45		Docket	s if displays a valid OMB control numb No. (Optional)
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